

Case Number:	CM13-0043091		
Date Assigned:	12/27/2013	Date of Injury:	09/12/2012
Decision Date:	04/25/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is 42-year-old male with date of injury of 09/12/2012. Per treater's report, [REDACTED] on 07/11/2013, this is a handwritten report with a diagnosis of degenerative joint disease L4-L5-S1 with sciatica. Treatments include Lortab, Prilosec, and lumbar epidural steroid injection. The patient was to remain off of work. Review of the reports show operative report on 07/30/2013 for SI joint injection, lumbar epidural steroid injection on 05/30/2013 and 04/26/2013 for transforaminal epidural steroid injection. Report from 09/26/2013 by [REDACTED] has the same diagnosis and states the patient is becoming more symptomatic and medications of Lortab 7.5 #120, and topical cream appears to be prescribed. There is a narrative report from 09/10/2013 by [REDACTED]. He lists current medications as Lortab and gabapentin. Epidural steroid injections and physical therapy were not all that helpful. The patient reviewed DVD and read a booklet and was interested in the procedure spinal cord stimulation. [REDACTED] indicates "Nothing in the interview indicated the presence of psychopathology. No psychiatric diagnosis was appropriate."

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

A SPINAL CORD STIMULATOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
PSYCHOLOGICAL EVALUATIONS Page(s): 101.

Decision rationale: This patient presents with chronic low back and lower extremity pain with lumbar degenerative disk disease from L4 to S1. MRI of the lumbar spine from 10/03/2012 showed severe disk space narrowing at L4-L5, L5-S1, but no evidence of discitis; narrowing of the foramen at L4-L5, L5-S1 bilaterally without nerve root impingement, otherwise, negative MRI. There is a request for spinal cord stimulator which has been denied by utilization review letter of 10/21/2013. Reports reviewed were the operative reports, MRI of the lumbar spine, number of reports by the treating physicians from 07/11/2013 to 09/26/2013. MTUS Guidelines page 101 discusses spinal cord stimulation, which is recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. For indications, it lists failed back syndrome (persistent pain in patients who have undergone at least one previous back operation), complex regional pain syndrome, post-amputation pain, postherpetic neuralgia, spinal cord injury, dysesthesia, pain associated with multiple sclerosis, peripheral vascular disease. In this case, the patient's current diagnosis does not include any one of the indications listed by MTUS Guidelines for spinal cord stimulation implantation or trial. Although the patient has failed conservative care and has tried various procedures including SI joint and epidural steroid injection, the patient does not present with failed back syndrome, complex regional pain syndrome, or other diagnosis listed per MTUS Guidelines. Recommendation is for denial.

PRILOSEC #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s):
69.

Decision rationale: This patient presents with chronic low back and lower extremity pain. The treating physician has been prescribing Prilosec #60. However, review of the reports provides no documentation regarding any GI problems, gastritis, peptic ulcer disease, from the medication use. Review of the reports also does not include use of NSAIDs, which can potentially cause gastritis side effects for which Prilosec may be indicated. When reading MTUS Guidelines, PPI such as Prilosec can be used on a prophylactic basis if the patients have GI risk assessment done a while on oral NSAIDs. Use of Prilosec may be indicated for other GI conditions such as GERD. However, on this patient, the patient is not on NSAIDs, there are documentations of any GI problems, no GERD, gastritis, etc. The treating physician does not explain why the patient is taking Prilosec. Recommendation is for denial.